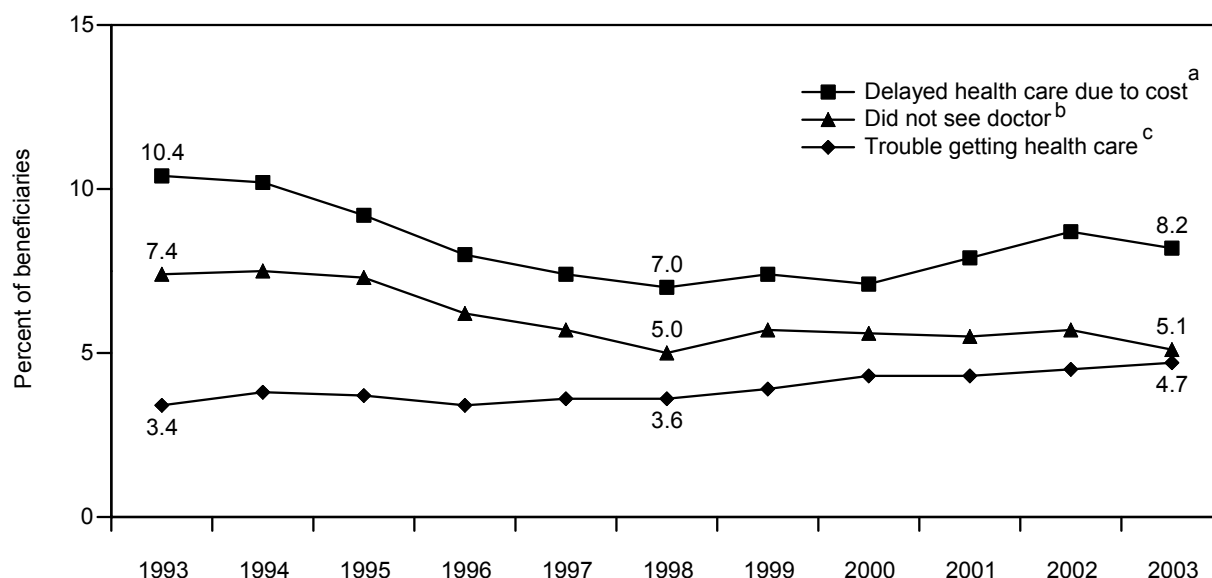


S E C T I O N

4

Access to care in the Medicare program

Chart 4-1. Beneficiaries' reports of difficulties obtaining care, 1993–2003



Note: These data reflect the answers given by noninstitutionalized beneficiaries.

^a Answered "yes" when asked if they delayed seeking medical care because they were worried about the cost.

^b Answered "yes" when asked if they had a serious health problem or condition about which they should have seen a doctor or other medical person, but did not.

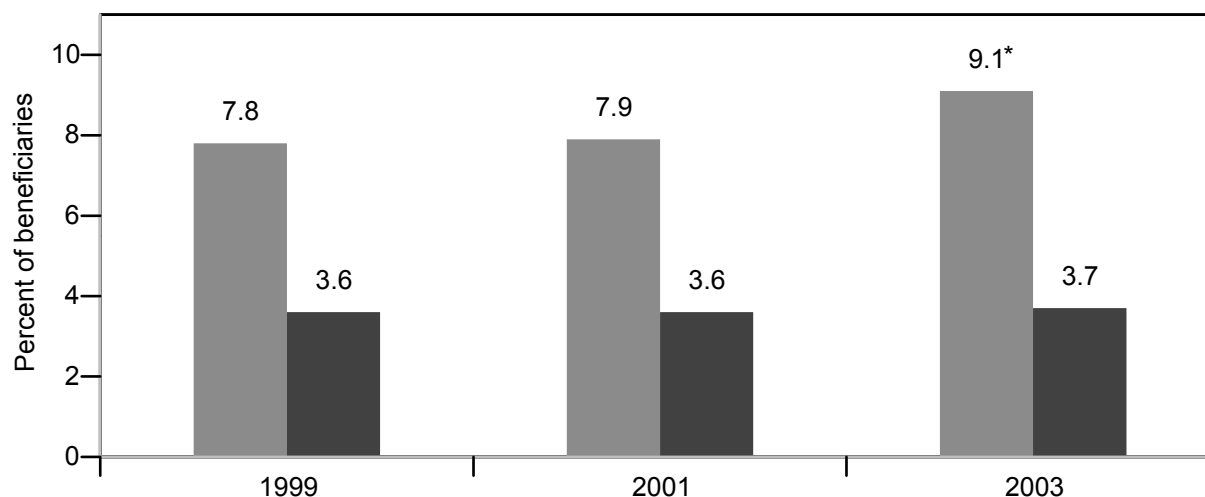
^c Answered "yes" when asked if they had any trouble getting health care that they wanted or needed.

Source: CMS analysis of Medicare Current Beneficiary Survey, Access to Care file.

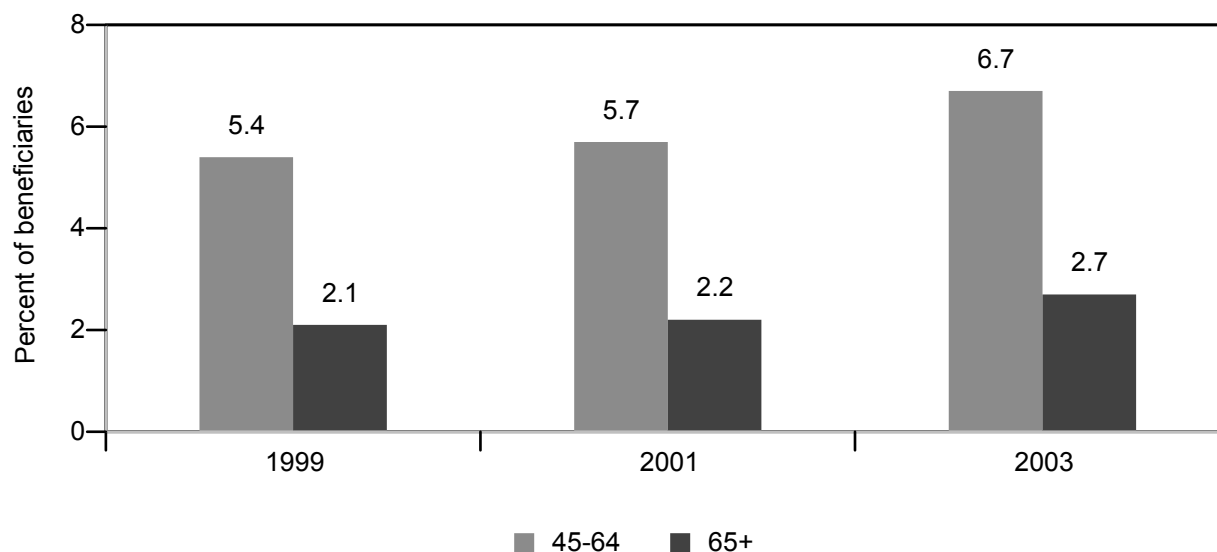
- In 2003, more than 90 percent of beneficiaries reported good access to care, regardless of the question asked.
- When asked whether they delayed health care due to cost, 10.4 percent of beneficiaries answered yes in 1993, compared to 8.2 percent in 2003.
- Similarly, the percentage reporting that they did not see a doctor (when they needed to) declined from 7.4 percent to 5.1 percent in 2003.
- The percentage of beneficiaries who reported trouble getting health care has remained relatively stable since 2000. However, since 1993, the beneficiaries who reported trouble getting health care increased from 3.4 percent to 4.7 percent in 2003.

Chart 4-2. Fewer aged beneficiaries delayed or failed to obtain care due to cost, compared with younger Americans

Delayed getting care due to cost



Failed to obtain care due to cost



Note: Medicare beneficiaries in the sample are over 65 years old and living in the community.

*Statistically significant change from 1999.

Source: National Center for Health Statistics, Center for Disease Control and Prevention: National Health Interview Survey, 1999, 2001, 2003.

- Fewer than 4 percent of persons over 65 years old delayed care and fewer than 3 percent failed to obtain care due to cost over the three time periods. These rates were much lower than problems reported by persons 45–64 years old. Increases in reported problems for Medicare beneficiaries are not statistically significant.

Chart 4-3. Access to physicians is similar for Medicare beneficiaries and privately insured people

	Medicare beneficiaries (age 65+) 2003	Medicare beneficiaries (age 65+) 2004	Privately insured people (age 50-64) 2004
Getting a new physician: Among those who tried to get an appointment with a primary care physician or a specialist, "How much of a problem was it finding a primary care doctor/specialist who would treat you?"			
Primary care physician			
No problem	75%	77%	73%
Small problem	18	11	15
Big problem	7	11	13
Specialist			
No problem	85%	89%	83%
Small problem	8	5	8
Big problem	5	5	8
Unwanted delay in getting an appointment: Among those who had an appointment, "How often did you have to wait longer than you wanted to get a doctor's appointment?"			
For routine care			
Never	71%	73%*	66%*
Sometimes	21	21*	26*
Usually	3	4	5
Always	5	2	2
For illness or injury			
Never	80%	83%*	77%*
Sometimes	16	13*	19*
Usually	3	2	3
Always	1	2	2
Not accessing a doctor for medical problems: "In the past year, do you think you should have seen a doctor for a medical problem, but did not?"			
	7%	6%*	11%*

Note: Numbers may not sum to 100 percent due to rounding. Missing responses are not presented. For the 2003 survey, n=1040 Medicare beneficiaries; for the 2004 survey n=4122 (2087 Medicare; 2035 privately insured).
*Indicates a statistically significant difference between the 2004 Medicare and privately insured populations, at a 95% confidence level.

Source: MedPAC sponsored telephone surveys, conducted September-October 2003 and August-September 2004.

- The large majority of Medicare beneficiaries (88 percent) and people age 50 to 64 (also 88 percent) reported either no problem or a small problem with access to physicians in 2004. For most indicators, Medicare beneficiaries enjoyed similar or better access than their privately insured counterparts.
- Both Medicare beneficiaries and privately insured individuals reported more difficulty finding a primary care physician than a specialist.
- Most Medicare beneficiaries and people age 50 to 64 did not have to wait often to get an appointment due to scheduling issues. For both groups, appointment scheduling was easier for illness or injury appointments than for routine care.
- In 2004, 6 percent of Medicare beneficiaries and 11 percent of privately insured individuals said they think they should have seen a doctor for a medical problem in the past year, but did not.

Chart 4-4. Percent of physicians accepting new patients, by type of insurance, 1999–2003

Insurance type	1999	2000	2001	2002
All specialties				
Any patients	95.5%	91.7%	93.8%	94.9%
Private insurance	91.8	88.5	84.9	85.8
Medicare	90.0	87.9	88.4	87.0
Medicaid	72.5	71.1	71.6	70.4
Primary care				
Any patients	92.6	87.9	90.5	93.0
Private insurance	89.6	85.1	82.2	85.3
Medicare	88.1	84.2	86.0	83.1
Medicaid	71.0	65.8	66.5	66.0
Surgical specialties				
Any patients	98.8	97.9	98.2	98.6
Private insurance	95.4	96.5	89.5	92.3
Medicare	94.8	96.8	93.7	96.4
Medicaid	83.1	82.3	80.4	79.8
Medical specialties				
Any patients	97.2	92.1	94.6	94.3
Private insurance	91.7	86.1	84.4	79.3
Medicare	88.2	85.2	86.3	83.7
Medicaid	62.6	68.7	70.4	67.9

Note: Survey excludes pediatric specialties, non-office-based specialties, and federally-employed physicians. Patients who fall under the self-pay and no charge/charity insurance types are included in the calculation of the “any patients” insurance type category, but are not shown separately on this table.

Source: The National Ambulatory Medical Care Survey (NAMCS), Physician Screen, 1999–2002.

- The share of physicians accepting new Medicare fee-for-service patients remained above 85 percent between 1999 and 2002.
- Overall physician acceptance of new patients fell a little for patients with private insurance, Medicare, and Medicaid. The share of physicians accepting privately insured patients fell slightly more than Medicare patients.
- For each year between 1999 and 2002, specialists and surgeons were more likely to accept new Medicare patients than primary care physicians. The share of primary care physicians who accept new patients dropped at about the same rate for both Medicare and privately insured patients.
- Surgeons were most likely to accept new patients across all years (1999–2002) and all patient types. The share of surgeons who accept new Medicare patients increased slightly to 96 percent in 2002, but decreased for privately insured patients to 92 percent.
- For privately insured patients, the share of medical specialists accepting new patients dropped from 92 to 79 percent (13 percentage points); for Medicare patients, the share dropped less—from 88 to 84 percent (4 percentage points).

Chart 4-5. Most beneficiaries had little or no problem accessing home health and special therapy services

	Home health				Special therapy			
	2000	2001	2002	2003	2000	2001	2002	2003
Did you experience a problem?								
No problem	76%	74%	76%	77%*	83%	84%	85%	85%**
A small problem	13	13	13	12*	9	9	8	8
A big problem	11	12	12	11	8	7	7	6**

Note: Percentages are proportions of those who answered the question. Missing responses were not included. Columns do not total 100 due to rounding.

*The difference between 2002 and 2003 is significant at the $p < .05$ level.

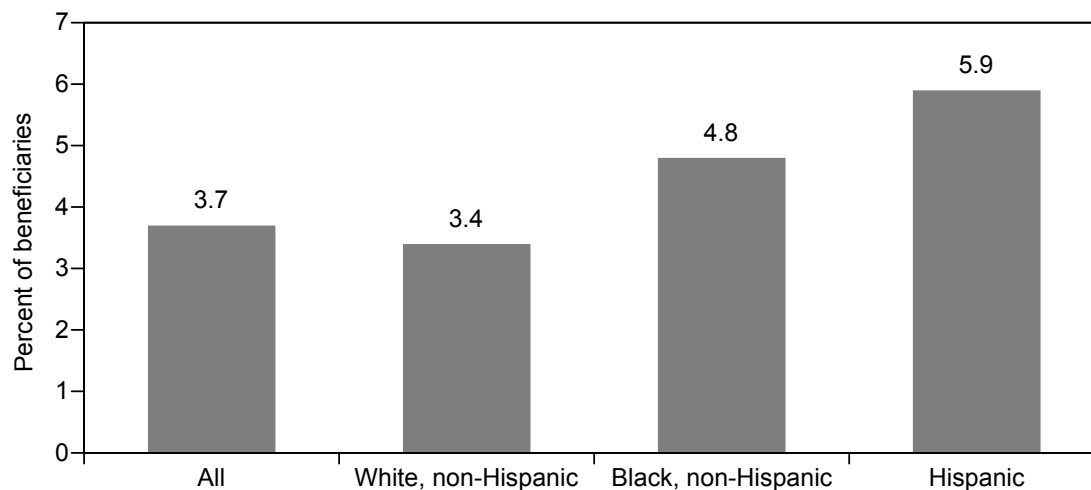
** The difference between 2000 and 2003 is significant at the $p < .05$ level.

Source: MedPAC analysis of Consumer Assessment of Health Plans Survey, 2000–2003.

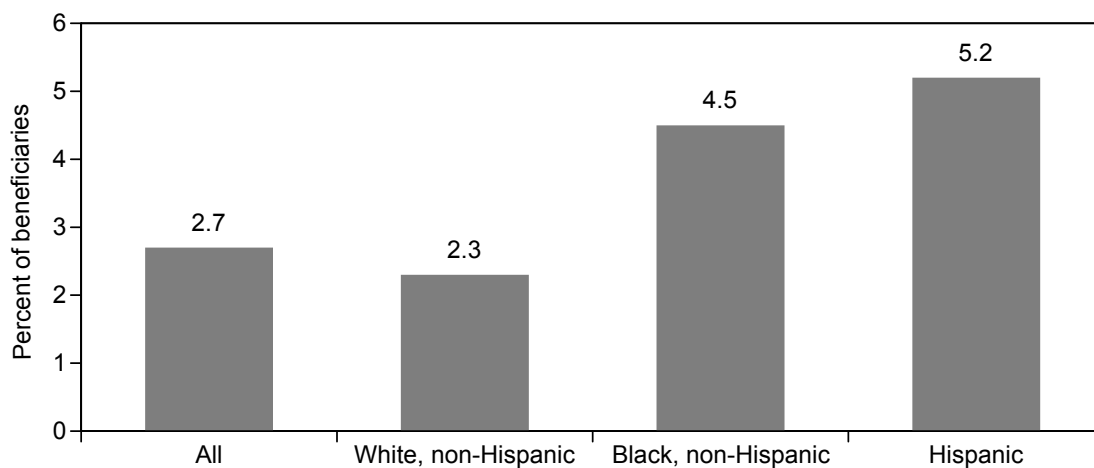
- Most beneficiaries had little or no problem accessing home health services (89 percent) and special therapy services (93 percent—which includes physical and occupational therapies and speech-language pathology services).
- In 2003, 77 percent of beneficiaries reported having no problems accessing home health services, a slight increase over the share in 2000.
- In 2003, 85 percent of beneficiaries reported having no problems accessing special therapy services, a slight increase over the share in 2000.

Chart 4-6. Ethnic and racial disparities in delaying or failing to obtain care, 2003

Delayed getting care due to cost



Failed to obtain care due to cost



Note: Beneficiaries in the sample are over 65 years old and living in the community.

Source: National Center for Health Statistics, Center for Disease Control and Prevention: National Health Interview Survey, 2003.

- Few persons over 65, regardless of race or ethnicity, report delaying or failing to obtain care.
- Hispanics were more likely to report problems and white, non-Hispanics were least likely to report problems.

Chart 4-7. Beneficiaries differ in their reports of obtaining needed, urgent, or routine care, 2004

Beneficiary characteristic	No problem getting needed care	Always got care as soon as wanted	
		Urgent	Routine
Overall	90%	73%	63%
Aged (65 years and older)	92	76	64
Disabled (Under 65)	83	63	56
White	92	75	64
African American	85	68	63
Hispanic	81	61	55
Medicare only	84	66	61
Dually eligible	81	67	59
Supplemental Insurance	93	76	64

Source: Research Triangle Institute analysis of data from the Medicare Fee-for-Service National Implementation Subgroup Analysis 2004, submitted to CMS.

- The percentage of beneficiaries reporting no problem getting needed care is significantly higher than those who reported that they could get urgent or routine care as soon as they wanted it. This may seem inconsistent, but the last two questions add the dimension of timing into their responses. It appears that while most beneficiaries are able to get care, they may not get it as soon as they want it.
- Disabled beneficiaries under 65 were more likely than aged beneficiaries to report problems receiving necessary, urgent, or routine care.
- The presence and type of supplemental insurance also affected beneficiaries' ability to obtain care with no problems. Sixty-seven percent of dually eligible beneficiaries reported they always got urgent care as soon as they wanted, compared with 73 percent of all beneficiaries. Seventy-six percent of beneficiaries with supplemental insurance reported the same experience.
- Hispanics had a harder time than other ethnic or racial groups getting needed, urgent, and routine care.

Web links. Access to care in the Medicare program

- Chapter 3 of the MedPAC March 2003 Report to the Congress provides a broad overview about beneficiary access to health care.

http://www.medpac.gov/publications/congressional_reports/Mar03_Ch3.pdf

- Chapter 2B of the MedPAC March 2005 Report to the Congress provides more information on beneficiary access to physicians.

http://www.medpac.gov/publications/congressional_reports/Mar05_Ch02b.pdf

- Section 5 of the MedPAC 2002 Survey of Physicians About the Medicare Program provides more information about beneficiary access to physicians.

http://www.medpac.gov/publications/contractor_reports/Mar03_02PhysSurv_summary2.pdf

- The Commonwealth Fund released a chart book in Spring 2005 which had further information on access in the Medicare program.

<http://www.cmf.org>